

NOTRE DAME PREPARATORY AND MARIST ACADEMY PARENTS CLUB  
CHECK REQUEST & EXPENSE REIMBURSEMENT FORM

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Today's Date: \_\_\_\_\_  
Requested by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Committee Name: \_\_\_\_\_  
Event: \_\_\_\_\_  
  
Chairperson \_\_\_\_\_  
Approval & Date: \_\_\_\_\_

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**Check Request Section**

Check Amount: \$ \_\_\_\_\_ Check Payee: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date required by (Minimum 2 weeks notice): \_\_\_\_\_

Send check to:    Payee address             Requester address             Drop-off at school

**\*NOTE: Please submit receipt after payment is made.**

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**Expense Reimbursement Section**

Expense reimbursement amount: \$ \_\_\_\_\_

Description of expense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Must attach original receipts for expense reimbursement.**

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Please submit completed forms to the attention of Anne Kennedy, Parents Club Treasurer either in the Parents Club mailbox (NDP main office) or directly to:

Anne Kennedy  
2852 Masefield Ct.  
Bloomfield Hills, MI 48304

[anne.kennedy@reagan.com](mailto:anne.kennedy@reagan.com)

248-672-0673